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|--|-----------------------------|-------------------------------|----------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | <b>Application Number</b>   | 09/436,796                    |          |
|  | <b>Filing Date</b>          | November 8, 1999              |          |
|  | <b>First Named Inventor</b> | DONOVAN et al.                |          |
|  | <b>Group Art Unit</b>       | 2662                          |          |
|  | <b>Examiner Name</b>        | J. Lagsdon                    |          |
| <b>Total Number of Pages in This Submission</b>  | 10+ref                      | <b>Attorney Docket Number</b> | RIC99060 |

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| ENCLOSURES (check all that apply)  |   |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>PTO-1449 Form (1 page);<br>International Search Report (4 pages); and 12 References. |
| Remarks  |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Michael B. Chernoff 42,408<br>WorldCom, Inc. |
| Signature                                  | <i>[Signature]</i>                           |
| Date                                       | 8/17/01                                      |

| CERTIFICATE OF MAILING   |  |
|--|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8/17/01 |  |
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| Signature  | <i>[Signature]</i>                         |
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PTO/SB/17 (11-00)

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 180.00)

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/436,796       |
| Filing Date          | November 8, 1999 |
| First Named Inventor | DONOVAN et al.   |
| Examiner Name        | J. Logsdon       |
| Group Art Unit       | 2662             |
| Attorney Docket No.  | RIC99060         |

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| METHOD OF PAYMENT  |              | FEE CALCULATION (continued)       |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
|--|--------------|-----------------------------------|---------------|--|---------------|-----------------|----------|-----|-----|-----|-----|------------------------|--|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|----|--|--|-------------------|--|--|--|--|--|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number: <b>13-2491</b><br>Deposit Account Name: <b>WorldCom, Inc.</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |              | <b>3. ADDITIONAL FEES</b>         |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| <b>2.</b> <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| <table><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1) (\$)</td><td></td></tr></tbody></table>   |              | Large Entity                      | Small Entity  | Fee Code (\$)  | Fee Code (\$) | Fee Description | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee     |  | 106 | 320 | 206 | 160 | Design filing fee                 |  | 107 | 490 | 207 | 245 | Plant filing fee                      |  | 108 | 710 | 208 | 355 | Reissue filing fee                                 |  | 114 | 150 | 214 | 75 | Provisional filing fee                                     |  | SUBTOTAL (1) (\$) |  |  |  |  |  |  |  |
| Large Entity   | Small Entity | Fee Code (\$)                     | Fee Code (\$) | Fee Description  | Fee Paid      |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 101  | 710          | 201                               | 355           | Utility filing fee   |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 106  | 320          | 206                               | 160           | Design filing fee  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 107  | 490          | 207                               | 245           | Plant filing fee   |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 108  | 710          | 208                               | 355           | Reissue filing fee   |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 114  | 150          | 214                               | 75            | Provisional filing fee                                     |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| SUBTOTAL (1) (\$)  |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| <table><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2) (\$)</td><td></td></tr></tbody></table> |              | Large Entity                      | Small Entity  | Fee Code (\$)  | Fee Code (\$) | Fee Description | Fee Paid | 103 | 18  | 203 | 9   | Claims in excess of 20 |  | 102 | 80  | 202 | 40  | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |  | 109 | 80  | 209 | 40  | ** Reissue independent claims over original patent |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) (\$) |  |  |  |  |  |  |  |
| Large Entity   | Small Entity | Fee Code (\$)                     | Fee Code (\$) | Fee Description  | Fee Paid      |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 103  | 18           | 203                               | 9             | Claims in excess of 20                                     |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 102  | 80           | 202                               | 40            | Independent claims in excess of 3                          |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 104  | 270          | 204                               | 135           | Multiple dependent claim, if not paid                      |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 109  | 80           | 209                               | 40            | ** Reissue independent claims over original patent         |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| 110  | 18           | 210                               | 9             | ** Reissue claims in excess of 20 and over original patent |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| SUBTOTAL (2) (\$)  |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| *for number previously paid, if greater; For Reissues, see above   |              | *Reduced by Basic Filing Fee Paid |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |
| SUBTOTAL (3) (\$ 180.00)   |              |                                   |               |  |               |                 |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                   |  |  |  |  |  |  |  |

| SUBMITTED BY      |                     | Complete (if applicable)          |              |
|-------------------|---------------------|-----------------------------------|--------------|
| Name (Print/Type) | Michael B. Chernoff | Registration No. (Attorney/Agent) | 42,408       |
| Signature         |                     | Telephone                         | 202-736-6522 |
|                   |                     | Date                              | 8/17/01      |

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